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PTO/SB/97 (08-00)

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Application Number: 10/811,281

Filing Date: 3/25/2004

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on 10/21/2005

Date



Signature

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Typed or printed name of person signing Certificate

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1. Fee Transmittal
2. Response to Office Action Dated 10/04/2005

Total pages including cover sheet: 19

MS1-1905US
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OCT 21 2005

PTO/SB/17 (12-04)

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4218).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**0.00****Complete if Known**

Application Number	10/811,281
Filing Date	3/25/2004
First Named Inventor	Lie Lu
Examiner Name	JEFFREY DONELS
Art Unit	2837
Attorney Docket No.	MS1 1905US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

- 20 or HP = _____ x 50 = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	45988	Telephone	(509) 324-9256
Name (Print/Type)	Mark C. Farrell	Date	10-21-05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.10/811,281
Filing Date March 25, 2004
Confirmation No.....2175
Inventor..... Lie Lu
Group Art Unit2837
Examiner Jeffrey Donels
Attorney's Docket No. MS1-1905US
Title: Automatic Music Mood Detection

REPLY TO OFFICE ACTION MAILED OCTOBER 4, 2005

To: Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

From: Mark Farrell (Tel. 509-324-9256; Fax 509-323-8979)
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Spokane, WA 99201

S/N 10/811,281

Response to Office Action Dated 10/04/2005

INTRODUCTORY COMMENTS

Applicant appreciates Examiner's finding of allowable subject matter. This Amendment is in response to the Office Action dated October 4, 2005, with a three month shortened statutory period for reply.

Amendments to the claims begins on page 3 of this paper.

A listing of the claims begins on page 4 of this paper.

Remarks begin on page 16 of this paper.